



Please complete all information in this application form (Print in ink or type). If you need assistance, you may contact your financial advisor or call 800-479-5145.

Return completed forms to: Ren  
8888 Keystone Crossing  
Suite 1200  
Indianapolis, IN 46240  
Fax: 877-736-4620  
Email: ops@reninc.com

► **Contribution Information**

Name of Trust Contributing to	
Date of Contribution*	

► **Investment Account Information**

Company Holding Insurance Policy	Policy #
Contact Name	Phone
Street Address	City/State/Zip

► **Insurance Carrier "1"**

Full Name of Insurance Carrier	Contract/Policy #
Original Date of Purchase	Fair Market Value** \$
Cost Basis on Date of Contribution	\$
Type of Policy	<input type="checkbox"/> Whole Life <input type="checkbox"/> Endowment <input type="checkbox"/> Term <input type="checkbox"/> Other:

► **Insurance Carrier "2"**

Full Name of Insurance Carrier	Contract/Policy #
Original Date of Purchase	Fair Market Value** \$
Cost Basis on Date of Contribution	\$
Type of Policy	<input type="checkbox"/> Whole Life <input type="checkbox"/> Endowment <input type="checkbox"/> Term <input type="checkbox"/> Other:

► **Acknowledgment**

I (we) certify that this information is true and correct to the best of my (our) knowledge and belief.

Printed Name	Date
Signature	
Printed Name	Date
Signature	

\* The date the asset is unconditionally delivered to the trustee within the meaning of Reg. §1.11 0A-1( b).  
\*\* For the purposes of the charitable deduction, a valuation letter from the donor must be attached.